

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400485231

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reoperation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10091
2. Name of Operator: BERRY PETROLEUM COMPANY
3. Address: 1999 BROADWAY STE 3700
City: DENVER State: CO Zip: 80202
4. Contact Name: HEIDI BANG
Phone: (303) 999-4262
Fax: (303) 999-4362

5. API Number 05-045-12349-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: 5-3D
8. Location: QtrQtr: SWNW Section: 4 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/14/2007 End Date: 07/21/2007 Date of First Production this formation: 07/25/2007

Perforations Top: 5618 Bottom: 7958 No. Holes: 194 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Well was frac'd in 9 stages using 29,839 bbls of slickwater and 968,417 lbs of 20/40 white sand.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/03/2007 Hours: 24 Bbl oil: 0 Mcf Gas: 1200 Bbl H2O: 30

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1200 Bbl H2O: 30 GOR:

Test Method: Flowing Casing PSI: 1675 Tubing PSI: 2175 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7763 Tbg setting date: 04/23/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

This is Revised Form with a tubing depth change from 7767 to 7763.05. There was a hole in tubing that was repaired.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: HEIDI BANG

Title: REG COMPLIANCE ASSISTANT Date: _____ Email HSB@BRY.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400485240	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)